

## APPROVAL OF ACCESS TO REVIEW MEDICAL RECORDS

### INSTRUCTIONS

1. Please complete all portions of the form below, including the first two required approval signatures, and forward the completed form to: Director, Medical Record Department, Building 10, Room 1N208.
2. All requesters, including both NIH employees and contract personnel, must provide a valid NIH Identification Badge Number.
3. Contract personnel, without an NIH Identification Card, and non-NIH employees should contact the Medicolegal Section at 496-3331 for further assistance and should NOT submit this form.

Date	Name	Requester <input type="checkbox"/> NIH Employee <input type="checkbox"/> Contract Personnel	NIH ID Number
Degree	Institute/Branch	Address	Telephone

### REASON FOR REQUEST (Be Specific)

Effective From \_\_\_\_\_ To \_\_\_\_\_

Note: The access period may not exceed one year. A renewal notice will be sent prior to expiration.

### APPROVAL SIGNATURES

1. \_\_\_\_\_  
Branch or Section Chief  
Date \_\_\_\_\_
2. \_\_\_\_\_  
Institute Clinical Director or Clinical Center Department Head  
Date \_\_\_\_\_
3. \_\_\_\_\_  
Director, Medical Record Department  
Date \_\_\_\_\_